



VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

**RESIDENTIAL CARE HOME
QUARTERLY LEVEL OF CARE (LOC) VARIANCE UPDATE**

Facility Name:

Quarter Ending Last Day Of: *Circle Appropriate Quarter*

March

June

September

December

Current Total Resident Census _____

Total number of facility preapproved variances _____ Total

number of current residents preapproved for variance _____

Please indicate below which variance residents are preapproved.

Resident Name <i>with LOC variance</i>	ROOM #	NON ERC	ERC	Impractical Y/N

Signature and Title _____ Date _____

Submit to DLP on or before the end of the quarter by mail or fax.